

RCE 1/

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No. AND/002
Examiner Maria Cheek et al
Art Unit 3611

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

REQUEST FOR CONTINUED EXAMINATION

Sir:

This is a request for continued examination under 37 C.F.R. § 1.114, of pending prior Application No. 10/618,300 (Confirmation No. 4326), filed on July 11 of 2003 for GREEETING CARDS, POSTCARDS, GIFT BAGS, AND THE LIKE EMPLOYING A SPECIAL EFFECTS CONTAINER.
1. Please enter the Amendment Pursuant to 37 C.F.R. § 1.116 filed on in Application No, a copy of which is enclosed herewith.
2. Please consider the arguments in the Appeal Brief or Reply Brief filed on in Application No
3. X An Amendment/Reply is enclosed in Reply to the Office Action dated September 8, 2005.
4. Affidavit(s)/Declaration(s) is/are enclosed.
5. A Information Disclosure Statement (and SB/08A) is enclosed.
6. A suspension of action on the above-identified patent application is requested under 37 C.F.R. § 1.103(c) for a period of months.
7. X Please charge \$790.00 to Deposit Account No. 06-1075, Order No. 00832-0036, in payment of the fee under 37 C.F.R. § 1.17(e). A duplicate copy of this Request is enclosed.
8. Please charge to Deposit Account No. 06-1075 in payment of the fee under A duplicate copy of this Request is enclosed.
9. X The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17(e) in connection with this Request, or to credit any overpayment of same, to Deposit Account No. 06-1075, Order No. 00832- 0036. A duplicate copy of this Request is enclosed.
10. Please grant a one-month, two-month, three-month, four-month, extension of time under 37 C.F.R. § 1.136(a) to the Examiner's Action of September 8, 2005 in the above-identified patent application and charge \$1020.00 to Deposit Account No. 06-1075, Order No. 00832-0036. A duplicate copy of this Request is enclosed.
11. A check in the amount of \$ in payment of the extension-of-time fee
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is enclosed.

12. 🛮 Additional claim fees have been calculated as shown below:

FOR	CURRENT NUMBER		NUI PA	MBER ID	NUMBER EXTRA		RATE	FEE
BASIC FEE								\$000.00
TOTAL CLAIMS	53	-	50	=	3	х	\$50 =	\$200.00
INDEPENDENT CLAIMS	4	-	5	=	0	х	\$200 =	\$000.00
[] MULTIPLE	DEPENDENT	CLAIMS				+	\$360 =	\$000.00
			,				TOTAL	\$150.00

- 13. \overline{X} Please charge \$150.00 to Deposit Account No. 06-1075, Order No. 00832-0036, in payment of the additional claim fee.
- 14.
 The Director is hereby authorized to charge payment of any additional extension-of-time fees required under 37 C.F.R. § 1.17, or any other additional fees in connection with this paper, or to credit any overpayment of same, to Deposit Account No. 06-1075, Order No. 000832-0036 A duplicate copy of this Request is enclosed.

March 8, 2006 (Date)

Jeffrey D\Mullen

Registration No. 52,056

Attorney or agent of record

X Filed under § 1.34(a)

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